

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

9/9/20
1137.110/1101

CLAIMS AS FILED - PART I

| | (Column 1) | (Column 2) |
|----------------------------------|---------------|--------------------------|
| TOTAL CLAIMS | 47 | |
| FOR | NUMBER FILED | NUMBER EXTRA |
| TOTAL CHARGEABLE CLAIMS | 47 minus 20 = | 27 |
| INDEPENDENT CLAIMS | 9 minus 3 = | 6 |
| MULTIPLE DEPENDENT CLAIM PRESENT | | <input type="checkbox"/> |

SMALL ENTITY
TYPE ☐

OR OTHER THAN
SMALL ENTITY

| RATE | FEE | | RATE | FEE |
|-----------|--------|----|-----------|--------|
| BASIC FEE | 355.00 | OR | BASIC FEE | 710.00 |
| X\$ 9= | 243 | OR | X\$18= | |
| X40= | 260 | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL | 838 | OR | TOTAL | |

* If the difference in column 1 is less than zero, enter "0" in column 2

CLAIMS AS AMENDED - PART II

| | (Column 1) | (Column 2) | (Column 3) |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | 2/18/03 | | |
| Total | • | Minus | •• = |
| Independent | • | Minus | ••• = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

SMALL ENTITY

OR OTHER THAN
SMALL ENTITY

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| | 12/13/04 | | |
| Total | • 49 | Minus | •• 47 = 2 |
| Independent | • 9 | Minus | ••• 9 = 0 |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

| | (Column 1) | (Column 2) | (Column 3) |
|--|----------------------------------|------------------------------------|--------------------------|
| AMENDMENT C | CLAIMS REMAINING AFTER AMENDMENT | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
| Total | • | Minus | •• = |
| Independent | • | Minus | ••• = |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM | | | <input type="checkbox"/> |

| RATE | ADDITIONAL FEE | | RATE | ADDITIONAL FEE |
|------------------|----------------|----|------------------|----------------|
| X\$ 9= | | OR | X\$18= | |
| X40= | | OR | X80= | |
| +135= | | OR | +270= | |
| TOTAL ADDIT. FEE | | OR | TOTAL ADDIT. FEE | |

- * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 - ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."
 - *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."
- The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

DEC 13 2004

CROMPTON | SEAGER | TUFTE | LLC

Patent, Trademark & Copyright Attorneys

1221 Nicollet Avenue, Suite 800
Minneapolis, Minnesota 55403-2420
Phone 612.677.9050
Fax 612.359.9349

Fax Transmission

TO: Commissioner for Patents
Attn: Examiner Daniel Felten
P.O. Box 1450
Alexandria, VA 22313-1450

FROM: Brian N. Tufte

OUR REF: 1137.1101101
TELEPHONE: 612.677.9050

Total pages, including cover letter: 12PTO FAX NUMBER 703-872-9306

If you do NOT receive all of the pages, please telephone us at 612.677.9050, or fax us at 612.359.9349.

Title of Document Transmitted: Response to Action dated December 2, 2004Applicant: Scott FergussonSerial No.: 09/917,120Filed: July 27, 2001Group Art Unit: 3624Our Ref. No.: 1137.1101101Confirmation No. 2233

Please charge Deposit Account No. 50-0413 in the amount of \$ 00.00 for _____.
Please charge any additional fees or credit overpayment to Deposit Account No. 50-0413. Please
consider this a PETITION FOR EXTENSION OF TIME for a sufficient number of months to
enter these papers, if appropriate.

By: _____

Name: Brian N. TufteReg. No.: 88,638

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark
Office on the date shown below.

Name: Lynn Thompson

Lynn Thompson
Signature

December 13, 2004
Date